

**SOMERSET REGIONAL ANIMAL SHELTER**  
**100 COMMONS WAY**  
**BRIDGEWATER, NJ 08807**  
**Phone: 908-725-0308**  
**Please email updates and pictures to:**  
**Info@srasnj.org**



Cat Name: _____
Color: _____ Size: _____
Male or Female Age: _____ Y/M _____
Temperament: _____
Cash: _____ Credit: _____
Date: _____

## Cat Pre-Adoption Application

Somerset Regional Animal Shelter reserves the right to deny an application, and filling out this application does not guarantee an adoption, nor does it commit you to adopting from our shelter.

The following requirements must be met in order to have your application processed:

- Letter from your landlord, and/or copy of your lease, if you rent, or landlord contact info
- References
- At least 18 years old
- \$165 adult cats and \$220 kitten adoption fee, subject to change (cash or Visa/Mastercard/Debit)  
Includes spay/neuter, rabies (if cat is of age), distemper, FIV/FELV test, deworming and microchip.
- I own my home
- I rent my home

Applicant's Name: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Town/City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If you have children, please list ages: \_\_\_\_\_

How did you hear about our shelter?  Website  Newspaper  Billboard  Social Media Other \_\_\_\_\_

Do you understand that a newly adopted cat will often have a period of adjustment in which he/she may hide and/or may not eat? How long do you feel this period of adjustment will normally take? \_\_\_\_\_

Are you looking for a cat who is:  Already declawed  Who has claws

Please describe the temperament you are looking for in a cat. Check all that apply.

- High energy  Quiet/Independent  Outdoor cat  Mellow  Affectionate  Lap cat

I prefer a cat that (check all that apply):

- Will be an only pet                       Gets along with other cats  
 Gets along with dogs                       Gets along with children

Where will the cat be kept?  home               outside               combination

What would cause you to return a cat to us? \_\_\_\_\_  
\_\_\_\_\_

In the event that you can no longer care for your cat, what is your contingency plan regarding the physical, emotional, and financial responsibilities of your cat? \_\_\_\_\_  
\_\_\_\_\_

Please list all current pets in the household (type, breed, age). \_\_\_\_\_

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Please list your current/former veterinarian.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If you do not have a veterinarian, please list the name of the vet you plan on using once you adopt a cat.

Name \_\_\_\_\_ Phone \_\_\_\_\_

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Please list one personal reference (non-relative).

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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By signing below:

- You are giving Somerset Regional Animal Shelter permission to use the information on this application to contact your references and use your adoption photo on our social media pages and website.
- You certify that you have read, understood, agree, and will comply with the Somerset Regional Animal Shelter's adoption policy.
- You certify that the information you have provided us on the form is accurate and truthful.

Please Check if you do not wish to be added to our email list (note we do not sell or share our list)

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_